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	RULE			

## APPLICANTS

Michael E. Jeffers, Branford, CT;  
 Richard A. Shimkets, Guilford, CT;  
 Sudhirdas K. Prayaga, O'Fallon, MO;  
 Ferenc L. Boldog, North Haven, CT;  
 Meijia Yang, East Lyme, CT;  
 Catherine E. Burgess, Wethersfield, CT;  
 Elma R. Fernandes, Branford, CT;  
 Beth Rittman, Colchester, CT;  
 Juliette B. Shimkets, Guilford, CT;  
 William J. LaRochelle, Madison, CT;  
 Henri Lichenstein, Guilford, CT;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/246,206 11/06/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 43	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Debra Berg</i>	Initials <i>n</i>		

## ADDRESS

55111

## TITLE

Treatment of inflammatory bowel disease using growth factors

FILING FEE RECEIVED 744	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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